

APPLICATION FOR CONSTRUCTION PERMIT COMMERCIAL SPRINKLER / STANDPIPE / HOSE RACK / FIRE PUMP

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

San Bernardino Office 385 N. Arrowhead Ave., 1st Floor San Bernardino, CA 92415-0187 Phone (909) 386-8400 Fax (909) 387-3249 North Desert Office 15900 Smoke Tree St. Suite 131 Hesperia, CA 92345-3222 Phone (760) 995-8190 Fax (760) 995-8205 Lake Arrowhead Office 301 St. Hwy. 173, P.O. Box 130 Lake Arrowhead, CA 92352 Phone (909) 337-8586 Fax (909) 336-3182 South Desert Office 58928 Business Center Dr. Yucca Valley, CA 92284 Phone (760) 995-8190 Fax (760) 995-8205

DATE

Hours: 8:00 am – 5:00 pm M-F Hour	rs: 8:00 am – 5:0	0 pm M-F	Hours: 9:00	0 am – 12	:00 pm Tues Ho	urs: 8:30 am t	o 4:00 pm Tue	S
			www.sbcfire.o					
Pursuant to Business and Professions Code §70	121 5 and San Bor		IT INFORMATIO		rdinanco (SRCERDO) &	12 only a contr	actor licensed b	by the
State of California to perform the type of work pr	oposed in the peri	mit application	, may apply for a	nd be issu	ed, a construction perm	it required purs		
et seq. of the California Fire Code. Any change of CONTRACTOR	of contractor name	ed to conduct t	he permitted wor		uire that a new permit b		ATE ZIP CODE	
PHONE NUMBER FAX NUMBER			EMAIL ADDRESS	S		LICENSE NUMBE	R	
		DDO IEC	 	N				
PROJECT NAME AD	DRESS	TROOLO	I IIII OKIMATIOI		CITY / COMMUNITY		ZIP CODE	
ASSESSOR'S PARCEL NUMBER (APN) SQUARE FOO	TAGE # OF RISERS	# OF HEADS	# OF EXIST. HEADS	S CONTRAC	TOR PROJECT #	CONTACT NA	ME	
<u> </u>	Plans wi	II not be acc	epted without t	he follow	ng:			
1. Three sets of plans	3. Asse	3. Assessor's parcel number on plans 4. Flow test and calculations			5. Signed architect/contractor/engineer's stamp 6. Cut sheets for new devices			
2. Project address on plans NEW N				/I (Per Bui	Ilding / First Riser)	ew devices		
1 to 10,000 sq. ft.	\$ 1,2				RISER INSPECTI	ON FEE (if mo	ore than one ri	iser)
10,001 to 25,000 sq. ft.	\$ 1.3	84.00			Each Additio	nal Riser		
25,001 to 52,000 sq. ft		52.00			\$ 378.00 x	=		
20,001 to 02,000 04. It	Ψ 1,0		FEE = \$		This fee includ	as 5 insne	ctions	
	MODIFICATI		MERCIAL SPRI	NKLER S		cs o mspc	Ctions	
1 to 25 sprinkler heads		733.00						
26 to 50 sprinkler heads	\$	846.00						
51 to 75 sprinkler heads	\$	958.00						
76 to 100 sprinkler heads	\$ 1,	070.00						
Each additional 1-25 heads (over 100	0) \$	100.00 x	= \$					
		TOTAL	FEE = \$		This fee includ	es 3 inspe	ctions	
ST	ANDPIPE SYST	EM & HOSE	RACK (Not part	t of a spri	nkler system)			
1-5 Hose Racks/Standpipes	\$ 1,	201.00						
6-10 Hose Racks/Standpipes	\$ 1,	622.00						
Each addt'l Hose Rack/Stand	Ipipe \$	145.00 x	= \$		_			
		TOTAL	FEE = \$		This fee includ	es 2 inspe	ctions	
		COMMER	CIAL FIRE PUM	IP .				
Plan Review (per pump)	\$	794.00 x	= \$		_			
Inspection (per hour)	\$	204.00 x	= \$		_			
		TOTAL	FEE = \$					
RESUBMITTAL (Each subsequent subr			SUILTS / RESUE \$155.00/ho					
RESUBMITTAL (Each subsequent subf			\$427.00					
	Make che		order payable	to <u>S.B.C.</u>	F.D.			
Pursuant to Business and Professions Code §7031.		§12, I certify th	at I, the Applicant,					
this application under the Contractor License Number requirements pursuant to Business and Professions			se is in full force a	and effect of	or ∐ Am exempt from the	nese contractor I	icensure and sub	omittal

CONTACTOR'S SIGNATURE

SUBMITTED BY (please print Contractor's full name)